

TEXAS DEPARTMENT OF HEALTH

EPA		POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION 8	SITE NUMBER (to be assigned by HQ) TX02941
<p>NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.</p> <p>REG NO 50335</p> <p>GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.</p>					
I. SITE IDENTIFICATION					
A. SITE NAME TXD000357418 COMMUNITY DISPOSAL SYSTEM		B. STREET (or other identifier) 1203 WILCREST DR			
C. CITY HOUSTON		D. STATE TX	E. ZIP CODE 77042	F. COUNTY NAME HARRIS	
G. OWNER/OPERATOR (if known)					
1. NAME BERNSTEIN (OUT OF BUSINESS)		2. TELEPHONE NUMBER (713) 782 2491 DISCON OR N/A SERVICE			
H. TYPE OF OWNERSHIP					
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					
I. SITE DESCRIPTION TRANSPORTER ONLY CONCRETE NEVER OPERATED LANDFILL					
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) SOR/ID EPA WASTE FILE-D				K. DATE IDENTIFIED (mo., day, & yr.) 1/18/80	
L. PRINCIPAL STATE CONTACT					
1. NAME GEORGE NARRIS, TDH, CENTRAL O		2. TELEPHONE NUMBER (512) 458 7271			
II. PRELIMINARY ASSESSMENT (complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM					
<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION					
<input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ c. WILL BE PERFORMED BY: _____ d. SITE INSPECTION NEEDED (low priority)					
C. PREPARER INFORMATION					
1. NAME F.A. PUCKETT JR. PHR II		2. TELEPHONE NUMBER (713) 342 8685		3. DATE (mo., day, & yr.) 9/10/81	
III. SITE INFORMATION					
<input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)					
D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES					
1. LATITUDE (deg.-min.-sec.)		2. LONGITUDE (deg.-min.-sec.)			
E. ARE THERE BUILDINGS ON THE SITE?		OCT 07 1992			
<input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): _____		REORGANIZED			

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Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
1.	RAIL	1.	PILE	1.	FILTRATION	1.	LANDFILL
2.	SHIP	2.	SURFACE IMPOUNDMENT	2.	INCINERATION	2.	LANDFARM
3.	BARGE	3.	DRUMS	3.	VOLUME REDUCTION	3.	OPEN DUMP
4.	TRUCK	4.	TANK, ABOVE GROUND	4.	RECYCLING/RECOVERY	4.	SURFACE IMPOUNDMENT
5.	PIPELINE	5.	TANK, BELOW GROUND	5.	CHEM./PHYS. TREATMENT	5.	MIDNIGHT DUMPING
6.	OTHER (specify)	6.	OTHER (specify)	6.	BIOLOGICAL TREATMENT	6.	INCINERATION
				7.	WASTE OIL REPROCESSING	7.	UNDERGROUND INJECTION
				8.	SOLVENT RECOVERY	8.	OTHER (specify)
				9.	OTHER (specify)		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

☐ 1 UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4 RADIOACTIVE ☐ 5 HIGHLY VOLATILE
☐ 6 TOXIC ☐ 7 REACTIVE ☐ 8 INERT ☐ 9 FLAMMABLE

☐ 10. OTHER (specify):

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/>	(1) PAINT PIGMENTS	<input checked="" type="checkbox"/>	(1) OILY WASTES	<input checked="" type="checkbox"/>	(1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/>	(1) ACIDS	<input checked="" type="checkbox"/>	(1) FLYASH	<input checked="" type="checkbox"/>	(1) LABORATORY PHARMACEUT.
	(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL
	(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMELTG. WASTES		(4) AL
	(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMELTG. WASTES		(5) OTHER (specify):
							(6) CYANIDE		(6) OTHER (specify):		
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER (specify):				

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V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

TRANSPORTER

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1 NPDES PERMIT	<input type="checkbox"/> 2 SPCC PLAN	<input type="checkbox"/> 3. STATE PERMIT (specify): _____	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7 RCRA STORER	<input type="checkbox"/> 8 RCRA TREATER	<input type="checkbox"/> 9 RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify): _____			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 3. UNKNOWN	
C. WITH RESPECT TO (i.e., regulation name & number): _____			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below): _____			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
X. REMEDIAL ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			

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